

OVERDOSE DEATHS

involving prescription opioids have quadrupled since 1999

As many as
1 in 4
PATIENTS



receiving long-term opioid therapy in a primary care setting struggles with addiction.

Pharmacists are an essential part of the health care team. On the front lines of dispensing opioid pain medications and providing medication-related services, pharmacists can serve as a first line of defense by engaging in prevention and treatment efforts of opioid use disorder and overdose.

Tips for Communicating with Patients

- Ask open-ended questions
- Be empathetic
- Use active listening
- Use clear explanations—avoid jargon
- Include verbal and written materials

SIMPLE WAYS TO START CONVERSATION

- What medications are you taking?
- What medications have you taken to manage pain and how did you respond?
- Describe how you normally take your medications.
- How well is your medication controlling your pain?
- Are you experiencing any side effects from your pain medications?
- In addition to medications, what other ways are you managing your pain?
- Do you know which medications you should avoid while taking opioids?
- What questions do you have about your medications?

RESOURCES AND EDUCATION

American Pharmacists Association: www.pharmacist.com/

CDC Injury Prevention and Control Opioid Overdose: www.cdc.gov/drugoverdose/

CDC What Patients Need to Know factsheet: www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

PDMP Resource: www.namsdl.org/prescription-monitoring-programs.cfm

Drug Enforcement Administration: www.dea.gov/index.shtml



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

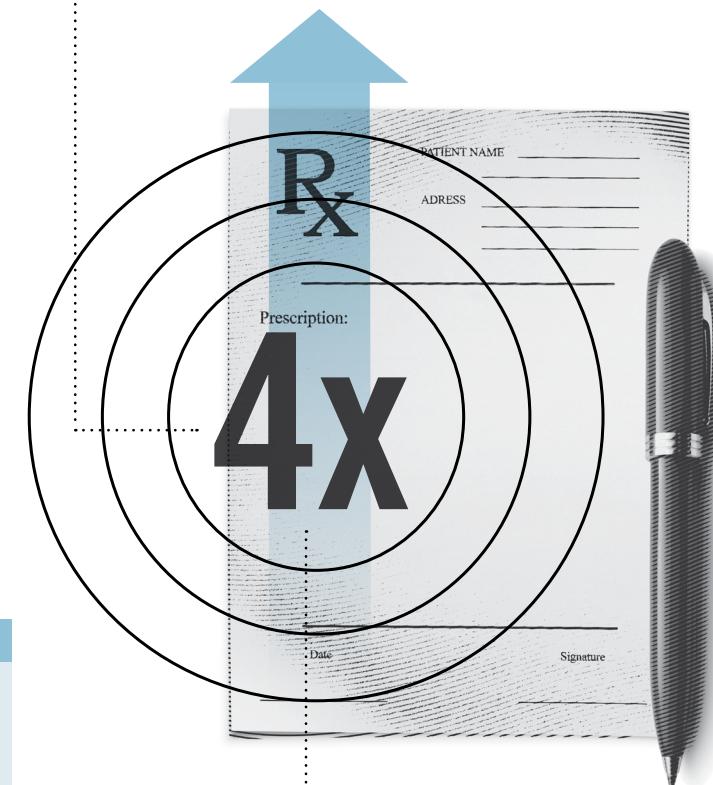
www.cdc.gov/drugoverdose

PHARMACISTS: ON THE FRONT LINES

Addressing Prescription Opioid Abuse and Overdose

Sales of prescription
opioids in the U.S. nearly

QUADRUPLED
from 1999 to 2014,

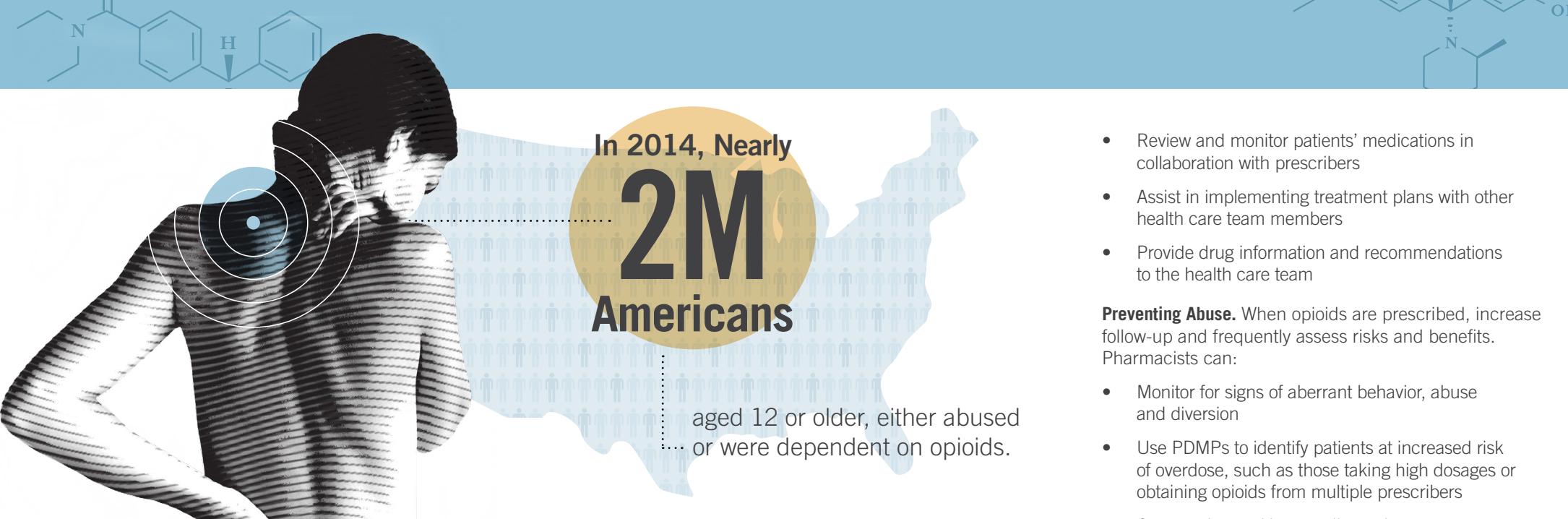


but the amount of pain
Americans reported remained
UNCHANGED



**GUIDELINE FOR PRESCRIBING
OPIOIDS FOR CHRONIC PAIN**

*Recommendations focus on pain lasting longer than 3 months or past the time of normal tissue healing, outside of active cancer treatment, palliative care, and end-of-life care.



BALANCING ROLES

Pharmacists have multiple and complex roles—including evaluating new prescription orders with concurrent treatments, determining whether medication is improperly prescribed, and assessing prescription orders for forgery/alteration. Often faced with limited time and information, pharmacists work to:

- **Assess.** Look for “red flags” that patients might be struggling with opioid use disorder or diverting medications, such as:
 - Forged prescriptions (e.g. lack of common abbreviations or overly legible handwriting)
 - Prescriptions originating from outside the immediate geographic area
 - Altered prescriptions (e.g. multiple ink colors or handwriting styles)
 - Cash payments
 - Inconsistent or early fills
 - Multiple prescribers

The DEA mandates pharmacists assess whether controlled substance prescriptions are written for a legitimate medical purpose in the usual course of professional practice.

PARTNERING WITH PRESCRIBERS

Pharmacists and prescribers share a common goal of ensuring safe and effective treatment for patients. The *CDC Guideline for Prescribing Opioids for Chronic Pain* emphasizes patient safety and encourages prescribers and pharmacists to collaborate in integrated pain management and team-based practice models.

Pharmacists and prescribers should apply the guideline and work collaboratively to optimize pain management while preventing opioid use disorder and overdose. Establishing and maintaining collaborative working relationships improves patient outcomes.

PHARMACISTS: PART OF THE TEAM

Managing Pain. The guideline recommends prescribing the lowest effective dose and using caution at any dosage. As medication experts, pharmacists can:

- Educate patients on risks of opioids and ways to manage those risks

- Review and monitor patients’ medications in collaboration with prescribers
- Assist in implementing treatment plans with other health care team members
- Provide drug information and recommendations to the health care team

Preventing Abuse. When opioids are prescribed, increase follow-up and frequently assess risks and benefits. Pharmacists can:

- Monitor for signs of aberrant behavior, abuse and diversion
- Use PDMPs to identify patients at increased risk of overdose, such as those taking high dosages or obtaining opioids from multiple prescribers
- Communicate with prescribers about any concerns or unusual behavior observed in patients
- Monitor for risk of overdose, dispense naloxone per authority, and counsel on how to use.

COMMUNICATING WITH PATIENTS

In addition to increasing communication with prescribers, pharmacists talk to patients about the safe use of opioids. Pharmacists can educate patients about:

- 1 **Proper use:** Discuss how to take medication(s) exactly as prescribed and the risks of using medication inappropriately.
- 2 **Side effects:** Review most common side effects and stress the importance of reporting them to their prescriber or pharmacist for effective management.
- 3 **Medication fills:** Discuss and manage expectations regarding refill requirements and the importance of using one pharmacy for all medications.
- 4 **Stockpiling medication:** Counsel patients about the dangers of saving unused medication.
- 5 **Safe storage and disposal:** Explain how to safely store and dispose of unused medications to prevent diversion or misuse. Refer to the DEA website www.deadiversion.usdoj.gov/drug_disposal/ for fact sheets and details regarding drug disposal.